

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Signature

Telephone Number _____

Name of Person Filing **Leland C. Malone, Jr.**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Iron Workers Local 568 Health & Welfare Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Room 6**

Street **119 South Centre Street**

City **Cumberland**

State **Maryland** ZIP Code + 4 **21502**

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

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11.a. Nature of such dealing.

Wages for clerical work performed by Judy Malone (spouse)

11.b. Approximate dollar value of such dealing.

\$845.00

12.a. Nature of interest held or income received.

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0